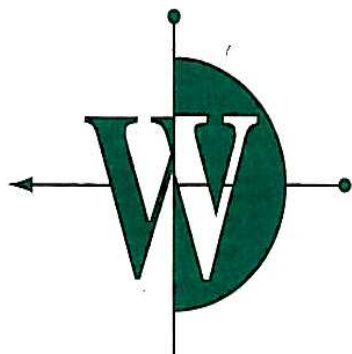


2014-15

ADULT BASKETBALL LEAGUE APPLICATION



THE CITY OF
West Des Moines®
www.wdm-ia.com

Parks and Recreation

4200 Mills Civic Parkway
P.O. Box 65320
West Des Moines, IA 50265-0320

Administration Office

515-222-3444
FAX 515-222-3459

Nature Lodge

515-222-3424
FAX 515-222-3658

Community Center

515-222-3440
Fax 515-222-3457

Park Maintenance

515-222-3450

TDD/TTY 515-222-3334

E-mail parkrec@wdm-ia.com

West Des Moines Parks and Recreation Department is now accepting applications for our upcoming Adult Basketball Leagues. Information for each league is enclosed. **Applications, Rosters and Fees are due on or before Thursday, November 6, 4:00 pm.** Applications, Rosters and Fees that are received in the mail must be postmarked before this deadline date. All teams that meet this deadline will be accepted according to the following enclosed Adult Athletic League Acceptance Policy. Teams not meeting this deadline will be accepted on an as needed basis.

Office Address

West Des Moines Parks & Recreation
4200 George M. Mills Civic Parkway
West Des Moines, IA 50265
(515) 222-3444
Office hours: 8:00 am - 5:00 pm, Mon-Fri

FAX #: (515) 222-3459

Mailing Address

City of West Des Moines
Parks & Recreation Department
P.O. Box 65320
West Des Moines, IA 50265

Email to: Kevin.fitzgerald@wdm.iowa.gov

Check out our web site for more information at www.wdm.iowa.gov.

<u>LEAGUE</u>	<u>DAY</u>	<u>PROG. #</u>	<u>STARTS</u>	<u>(TENTATIVE) LOCATION</u>
**Mens "A"	Wednesdays	14182	Dec. 3	Valley HS - Fieldhouse
**Mens "B1"	Wednesdays	14183	Dec. 3	Valley Southwoods - Center
Mens "B2"	Wednesdays	14184	Dec. 3	Valley HS - North Gym
Mens "C1"	Wednesdays	14185	Dec. 3	Stilwell Jr. High
Mens "C2"	Wednesdays	14186	Dec. 3	Indian Hills Jr. High
Mens "C3"	Wednesdays	14187	Dec. 3	Maple Grove Elem. (1455 - 98 th St., WDM)
Mens "D1"	Wednesdays	14188	Dec. 3	Hillside Elem.
Mens "D2"	Wednesdays	14189	Dec. 3	Crossroads Park Elem.
**Mens "B"	Sundays	14190	Dec. 7	Valley Southwoods - Center
Mens "B2"	Sunday	14191	Dec. 7	Valley Southwoods - North
Mens "C"	Sundays	14192	Dec. 7	Stilwell Jr. High
Mens "D"	Sundays	14193	Dec. 7	Indian Hills Jr. High

**Dunking Allowed in these Leagues only.

GAME TIMES

Wednesdays approximately 7:15, 8:15 & 9:15 pm (some 6:15 pm)
Sundays approximately 12:30, 1:30, 2:30 & 3:30 pm

FEES

\$395 per team entry fee + \$23.70 per team sales tax + \$6 per player Non-Resident Fee for everyone on roster who does not live within WDM City limits.

AGES

Adults (over 18 and high school graduate)

FORMAT

"A" League is the most competitive league with the "D" league being the least competitive. All games staffed with certified referees and an official scorekeeper. Teams will play 10 game round-robin schedule.

DEADLINE

THURSDAY, NOVEMBER 6, 4:00 PM

Important League Registration Information

- An **EMAIL ADDRESS IS REQUIRED OF ALL MANAGERS.** Primary League communications will now be conducted via email.
- **Dunking will be allowed in gyms with proper break away rims at Valley HS Fieldhouse (Wed. A League) and Valley Southwoods 9th Grade Center Court (Wed. B1 & Sun. B Leagues).**
- Returning teams will be defined as having at least 51% of last years members on the roster.
- Any falsification of rosters will result in an additional 25% penalty fee.
- We will accept applications, roster and fees through the mail, in person, by fax or by email if paying by Credit Card. Mailing address, office address, email address and fax # is listed on first page. Applications, rosters and fees that are mailed in or faxed must be postmarked by the deadline date in order to receive higher priority per below Acceptance Policy.
- **ABSOLUTELY NO incomplete applications, rosters or fees will be accepted.**
- The Department has the final say in all placement of teams and scheduling of games.
- Five (5) roster changes/deletions/additions can be made after applications are processed and your team is accepted. Any changes/deletions/additions to the rosters will not be allowed until your team has been accepted. **No refund or credit will be given for league entry fees once an application is accepted.**
- Rosters must have minimum of 8 players and maximum of 20 players. No player is allowed to play on more than team within the same league in West Des Moines during the same season. Violation will result in individual suspension and/or game forfeiture.
- It is the Manager's responsibility to make sure that every player reads, understands and completes all information correctly on the team roster and/or Add-A-Player forms.
- Managers will be notified of team acceptance approximately 2 weeks after deadline.
- **Please place an asterisk (*) beside all returning players on the roster.**

Uniform Rule

- **All team members at the start of the season must have the same identical color and style of shirt. Reversible jerseys are recommended.** Any questionable shirts must be approved by the Sports Supervisor or Coordinator prior to game time. Score keepers or Officials may not allow questionable shirts.
- Permanent numbers must be printed on both the front and back of the shirt and be visible to the official scorekeeper.
- Numbers 1 & 2 by themselves are illegal, as well as digits higher than 5.
- Duplicate numbers will not be permitted.
- No switching of shirts between players during a game is allowed.
- When both teams have same colored jerseys in a game; the visiting team must wear mesh pull-overs provided by the Department.
- No shoes leaving marks on the floor will be permitted in gym

Adult Athletic League Acceptance Policy

A team admission priority policy was adopted by the West Des Moines Recreation Department in 1992. It applies to all adult athletic leagues. The order of priority is as follows:

- | | |
|--------------------------------------|--|
| <u>FIRST:</u> | Returning teams. Teams who participated in the league the previous season of the current year. (If applicable). |
| <u>SECOND:</u> | Returning teams. Teams who participated in the league the previous year. |
| <u>THIRD:</u>
Department's | Returning teams. Teams may be placed in another division at the option in order to equalize competition. |
| <u>FOURTH:</u> | New teams. Teams that did not participate in the league the previous season or year. |
| <u>FIFTH:</u> | Late teams. Any team that does not meet the established deadlines set forth by the Department for applications, rosters and fees will be accepted at the Department's discretion. |

IF MORE TEAMS APPLY THAN WE HAVE SPACE FOR, PRIORITY WILL BE GIVEN TO TEAMS WITH THE HIGHEST PERCENTAGE OF PLAYERS ON THEIR ROSTER RESIDING WITHIN THE CITY OF WEST DES MOINES IN ALL CASES.

Deadline to Apply: Thursday, November 6 before 4:00 pm

2014-15
WEST DES MOINES PARKS AND RECREATION DEPARTMENT
ADULT BASKETBALL LEAGUE APPLICATION

The following application needs to be completed and submitted at the time rosters and fees are turned in. Please type or print all information.

1. (Returning Teams Only) Last years 2013-14 WDM Basketball Season Information (If Applies)

Team Name _____ Managers Name _____

Name of League _____ Day you played on _____

2. 2014-15 WDM Basketball Season Information

Team Name _____ Manager's Name _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Primary Email _____ **Secondary Email** _____

(REQUIRED)

3. League Desired: 1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____
(Fill in Program #) (Be flexible, but list only leagues in which your team will be able to attend)

Comments and/or Team Description:

4. Does current team have "returning status"? (at least 51% of last years roster) Yes No

What % are returning? _____

Total # of players returning from last years team? _____

5. Total number of players on roster (minimum of 8 players)? _____

6. Total # of players who reside within the City of West Des Moines? _____

7. Fees Submitted: Entry Fee \$395.00 _____

6% Sales tax \$23.70 _____

Non-Resident Fees \$6.00 per player – _____

Non-Resident of WDM Fee _____

Total Fees Paid _____

Deadline to Apply: Thursday, November 6 before 4:00 pm

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Office Use Only:	Date received _____	Received by _____	Fees Collected _____	Date Inputted _____
	Time received _____	Check from _____	Check # _____	Inputted By _____

=====

Credit Card Info

MasterCard _____ Credit Card Number _____ Last 3 #'s on back of card

Visa _____ Printed Name _____ Signature _____ Exp. Date _____

Discover _____

DEBIT CARDS NOT ALLOWED

WEST DES MOINES PARKS AND RECREATION DEPARTMENT

Official Basketball Team Roster

NAME OF TEAM _____ LEAGUE _____

NAME OF MANAGER (print) _____ SIGNATURE _____

MAILING ADDRESS _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PRIMARY EMAIL _____ SECONDARY EMAIL _____

(Managers name must be listed below if playing on the team)

*** READ BEFORE SIGNING ROSTER ***

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

Photographic Release: Participants do hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the Participant's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

It is understood that all participants agree to abide by all applicable local, state, and federal laws, rules, and regulations, and that any participants in violation of any such laws, rules, and regulations, may be removed from the premises and/or banned from participation without prior notice.

MINIMUM OF 8 PLAYERS MUST BE ROSTERED AT ALL TIMES

Returning 1. Name (print) _____ Home Phone _____ Work Phone _____
Current Home Address _____ Zip Code _____
Signature _____ Email _____

Returning 2. Name (print) _____ Home Phone _____ Work Phone _____
Current Home Address _____ Zip Code _____
Signature _____ Email _____

Returning 3. Name (print) _____ Home Phone _____ Work Phone _____
Current Home Address _____ Zip Code _____
Signature _____ Email _____

Returning 4. Name (print) _____ Home Phone _____ Work Phone _____
Current Home Address _____ Zip Code _____
Signature _____ Email _____

Returning 5. Name (print) _____ Home Phone _____ Work Phone _____
Current Home Address _____ Zip Code _____
Signature _____ Email _____

Returning 6. Name (print) _____ Home Phone _____ Work Phone _____
Current Home Address _____ Zip Code _____
Signature _____ Email _____

Returning 7. Name (print) _____ Home Phone _____ Work Phone _____
Current Home Address _____ Zip Code _____
Signature _____ Email _____

Returning 8. Name (print) _____ Home Phone _____ Work Phone _____
Current Home Address _____ Zip Code _____
Signature _____ Email _____

WEST DES MOINES PARKS AND RECREATION DEPARTMENT

Official Basketball Team Roster

*** READ BEFORE SIGNING ROSTER ***

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

Photographic Release: Participants do hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the Participant's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

It is understood that all participants agree to abide by all applicable local, state, and federal laws, rules, and regulations, and that any participants in violation of any such laws, rules, and regulations, may be removed from the premises and/or banned from participation without prior notice.

_____	9. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	10. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	11. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	12. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	13. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	14. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	15. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	16. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	17. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	18. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	19. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	
_____	20. Name (print) _____	Home Phone _____	Work Phone _____
Returning	Current Home Address _____		Zip Code _____
	Signature _____	Email _____	